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2011 JUNO S
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		ICATION FOR SPECIAL GNATED LICENSE					
		F LINCOLN CITY CLERK'S OF	FICE				
	555 S 1	0 <sup>тн</sup> ST <sub>-</sub> N NE 68508					
		:: (402) 441-7438					
						201	
			DO VOI	NEED DOOTEDOO	CIT	= 7	
	DETA	IL LICENSE HOLDER		NEED POSTERS?	YES DE Z	NOD	
-	REIA	IL LICENSE HOLDEN	×		-57	00 ::	
43	NON	PROFIT APPLICANT	0			D 60 - 11	
			eck one that best applies	3):			
				al O Religious O Charitable	O Public Ser	vice O	
						15 m	
	COME	PLETE ALL QUESTIO	Ne				
	COIVIE	LETE ALL GUESTIO	NS				
	1.	Beer Wine Dist	lled Spirits	= In	Unun		
				The second secon	4040		
	2.		r and class (i.e. C55441, organization leave blank)		2751		
		(ii you're a nonproni (	ngamzation leave blank)				
	3.	Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on					
		your liquor license)		•	,		
			0 0				
		NAME:	leace A Fie, L	LC dba Mell	ow Mu	shroom	
		ADDRESS:	1101 Dackery	St #403	•		
		CITY:	Omela	A.F. ZIP:	10811	17	
			Gridal 1	AC ZII.	0010	5	
	4.	Location where event	will be held; name, addre	ess, city, county, zip code			
			101				
		BUILDING NAME:	The Mailyar	d	· · · · · · · · · · · · · · · · · · ·		
		ADDRESS:	300/350 Canopy St.	CITY:	Lincoln	,	
		ZIP:	108508	COUNTY & COUNTY #:	Langaste	r 2	
		4			,		
		a. Is this location w	VEGY	NO			
					1204	NOL	
		b. Is this location within the 150' of church, school, hospital or home				NOL	
		for aged/indigent or for veterans and/or wives?				7	
	•						
		a le this location w	ithin 200' of any university	tu ar aallaga aarressa		24	
		c. Is this location w	ithin 300' of any universi	ty of college campus	YES□	MOM	

17/14	Date	Date	Date	Date	Date
irs m 5 Dr.	<b>Hours</b> From	Hours From	<b>Hours</b> From	Hours From	Hours From
7:59 pm		_ То	То	То	То
b. A	Iternate date: Iternate location: Alternate date o		specified in local	approval)	
Indicate to ODance Other:		be carried on durir n OFund Raiser		eer Garden	OSampling/Tastin
Description	on of area to be	licensed			
Inside bu  *Outdoor *SKETCH	ilding, dimension L/A area dimensions	s of area to be cover of area to be cover area to be cover AREA (or attach	(not	square feet or acr x cample sketch)	res)
*Outdoor *SKETCI	ilding, dimension	is of area to be cover a second area to be covered as a second area to	(not	square feet or acr	res)

11.	Retailer: Will you be purchasing your alcohol from a wholesaler? YES NO Non-Profit: Where will you be purchasing your alcohol?  Wholesaler
12.	Will there be any games of chance operating during the event? YESIX NO□  If so, describe activity:
	<b>NOTE:</b> Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.
13.	Any other information or requests for exemptions (must be received by Commission 30 days prior to event, complete NLCC form 140):     Variance   Fencing Waiver   Pencing Waiver
	- Citary von
14.	Name and <b>telephone number/cell phone number</b> of immediate <b>supervisor</b> . This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. <b>PLEASE PRINT LEGIBLY</b>
	Print name of Event Supervisor: Tessa Warner
	Signature of Event Supervisor: Lessa Warnes
	Signature of Event Supervisor:
	Event Supervisor phone: Before 402 499-0115 During 402 499-0115
	Event Supervisor phone: Before (102) 499-0115 During (402) 499-0115  Email address: HSSa @WYK/IC. Com
15.	Consent of Authorized Representative/Applicant I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.
sign	Sha A Males ) and a man 1 - 30 - 111
here	Authorized Representative/Applicant Title Date
	Le Wa A. Ne IS CO.)
	Print Name
	lividual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

# SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Who will serve the beverages containing alcohol?  Must complete Server/Seller Applicant Information Sheet.  Have the designated servers received responsible beverage server training?  Yes No  Will there be a charge for admission?  Yes No  In the last 12 months, have you received notice of a liquor law yiolation that occurred during an event at which	Name of Fronts 12 and a 12 11 1 1	7 .
Date(s) of Event:		
Is the event open to the public?	The state of the s	
Is the event open to the public?	Date(s) of Event: Myde August 942 34 Ho	urs: 5-midnight
Is the event open to the public?	Alternate Date(s): N/A	urs:
Will food be served? X Yes No If yes, please list food to be served: See affached mehru.  Will non-alcoholic beverages be served: X Yes No If yes, please list non-alcoholic beverages to be served: No If yes, please list non-alcoholic beverages to be served: No If yes, please list non-alcoholic beverages to be served: No If yes, please list non-alcoholic beverages to be served: No If yes, please list non-alcoholic beverages to be served: No If yes, please list food to be served: No If yes,	Is the event open to the public? X YesN	o
Will food be served? X Yes No If yes, please list food to be served: See affached mehru.  Will non-alcoholic beverages be served: X Yes No If yes, please list non-alcoholic beverages to be served: No If yes, please list non-alcoholic beverages to be served: No If yes, please list non-alcoholic beverages to be served: No If yes, please list non-alcoholic beverages to be served: No If yes, please list non-alcoholic beverages to be served: No If yes, please list food to be served: No If yes,	How will you ensure that minors will not be served or consum	ne beverages containing alcohol:
Will food be served? X Yes No If yes, please list food to be served:		
Will non-alcoholic beverages be served: X Yes No  If yes, please list non-alcoholic beverages to be served:    Who will serve the beverages containing alcohol?     Must complete Server/Seller Applicant Information Sheet.  Have the designated servers received responsible beverage server training? Yes No  Will there be a charge for admission? X Yes No	SEE ATTACHER STAN	
If yes, please list non-alcoholic beverages to be served:	Will food be served? X Yes No If yes, ple See a Hacked menu	ease list food to be served:
Must complete Server/Seller Applicant Information Sheet.  Have the designated servers received responsible beverage server training?  Yes No  Will there be a charge for admission?  Yes No  In the last 12 months, have you received notice of a liquor law yiolation that occurred during an event at which	If yes, please list non-alcoholic beverages to be served:	
Will there be a charge for admission? Yes No In the last 12 months, have you received notice of a liquor law yiolation that occurred during an event at which	Who will serve the beverages containing alcohol?  Must complete Server/Seller Applicant Information	n Sheet.
In the last 12 months, have you received notice of a liquor law yiolation that occurred during an event at which	Have the designated servers received responsible beverage	server training? Yes No
	Will there be a charge for admission?X_Yes	No
La ha A Melan		
Applicant's Signature Date	Applicant's Signature	Lo-30-14

# SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your

application is not returned to you for more information. Attach additional drawings, dimensions if						
necessary.  1. Number of Entry & Exit Points & Dimensions: (						
Number of Entry & Exit Points & Dimensions: (						
Size & location of tent(s) (heights, width, depth)						
	Size of area being used ( x)					
4. Location & type of cooking equipment (if used)						
<ol> <li>Location of tables &amp; chairs; If stage for band provided &amp; dance area, show location &amp; dimensions on drawing</li> </ol>						
drawing.  6. Height & type of fencing to be used.						
	_					
Note: Two (2) exit points must be indicated on your drawing. These exits <u>cannot</u> lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.						
Please See attachments						

ATTACH EXTRA PAGES IF NECESSARY

# SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the NAME and DATE OF BIRTH of ALL Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
See attached			
		3	
		4,00	

# Alcohol Service List with Birth Date

	MICOIDI SCI VI	CC FISE AAIGII DII CI	Dute		
Emp#	Last Name	First Name	Job Code	Start Date	Birth Date
83:	16 Bruegger	Cameron	Server	9/1/2013	8/19/1992
719	O Charles	Marissa	Server	9/1/2013	3/17/1991
50:	10 <b>Coday</b>	Karley	Server	9/1/2013	9/6/1991
183	36 Davis	Paige	Server	9/1/2013	12/10/1993
538	31 Gannon	Zachary	Server	4/2/2014	4/6/1992
523	37 Grutel	Tanisha	Server	3/20/2014	5/4/1993
998	38 Gish Gish Gish	Jordan Jordan Jordan	Kitchen Server Bar	9/1/2013 10/1/2013	7/26/1991
14:	19 <b>Hartfield</b>	Marin	Server	9/1/2013	12/21/1993
30	56 <b>Hartman</b>	Michael	Server	3/22/2014	8/9/1991
642	23 Helgenberger	Anthony	Kitchen	9/1/2013	11/19/1989
35	79 <b>Hoover</b> <b>Hoover</b>	Nathan Nathan	Kitchen Bar	11/21/2013	8/27/1991
94	43 Ideus	Tyler	Server	9/1/2013	1/23/1992
57	36 <b>Koehn</b>	Nathan	Bar	9/1/2013	12/7/1983
35	34 Loyuk Loyuk	Anoroy Anoroy	Bar Manager	9/1/2013	9/5/1985
37	59 <b>Jones</b>	Landon	Server	1/15/2014	2/28/1993
24	49 <b>May</b>	Michael	Server	9/1/2013	12/28/1989
92	18 Mejstrik Mejstrik	Carl Carl	Kitchen Bar	9/1/2013	9/25/1990
86	66 <b>Nelson</b>	Adam		11/10/2013	10/22/1993
62	66 <b>Nelson</b>	Debbie	M	9/1/2011	4/27/1964

5228	Rezich	Molly	Server	6/23/2014	1/25/1994
5342	Russell	Tryegan	Server	9/1/2013	6/26/1991
	Smith	Eli	Kitchen	9/1/2013	1/9/1994
	Smith	Eli	Server		
6689	Smykowski	Abbey	Bar	9/1/2013	1/1/1989
	Smykowski	Abbey	Manager		
3518	Squires	Virginia	Server	9/1/2013	8/27/1993
1664	Stoller	Jessica	Server	9/1/2013	12/3/1993
2273	Sweeney	Brien	Server	9/1/2013	9/2/1994
1087	Svec	Sydney	Server	4/3/2014	12/15/1994
1977	Tilson	Michael	М		2/2/1974
7566	Valdez	Avery	Server	9/1/2013	7/30/1994
1589	Valdez	Josh	Server	9/7/2013	11/15/1992
5289	Vanderkolk	Rachel	Server	9/1/2013	8/30/1992
	Vanderkolk	Rachel	Bar	10/25/2013	
1380	West	Chelsie	Server	9/1/2013	3/31/1993
1519	Westling	Abby	Server	9/1/2013	8/30/1991
4888	Zierenberg	Jorrae	Server	9/1/2013	1/28/1994

# Better Together. The Railyard Birthday Bash

August 9<sup>th</sup>, 2014 5 p.m. to Midnight

The Railyard is celebrating its first birthday on August 9<sup>th</sup> from 5 p.m. (gates open) to midnight (live entertainment ends). The birthday party is a celebration of our relationship with the Lincoln community, as well as our community partners. In order to make room for all the party guests, Canopy Street will be shut down and patrons will be able to take full advantage of the entertainment district.

The party will kick off with a D.J. at 5 p.m. and we will have special messages from community leaders at 7 p.m. After the speakers, the "Crash The Railyard" public WiFi launch with SequrComm will start. MoSynth will take the stage at 8 p.m., and they will be playing all your favorite hits mixed in with a visual show that is sure to add energy and excitement to the night.

Throughout the event there will be giveaways (\$1 per ticket to enter, collected by volunteers) for everything from reserved tables in the Railyard commons space during Husker games to gift cards.

There will not be a cover, and at 11 p.m. the Railyard is a 21+ entertainment district. Volunteers will be managing the raffles.

## Prevention of Underage Drinking:

- Two hours prior to the event the Railyard commons area will be cleared and patrons will be asked to re-enter and receive a wristband.
- Security provided by Frye, Frazey & Associates will check IDs and administer wristbands to 21+ patrons.
- We will be using a universal Railyard wristband to 21+ patrons.
- The Railyard will be a 21+ venue at 11 p.m. as enforced by Frye, Frazey & Associates, and no minors will be admitted after 11 p.m.
- Railyard tenants must staff one person at each entrance to check IDs and ensure all 21+ patrons receive a wristband.
- Railyard tenants must staff one person at each exit into the Railyard to
  ensure patrons do not leave the premise of the business with a beverage
  unless it is in a plastic cup.

 Security personnel and ambassadors from Frye, Frazey & Associates will roam the premise to ensure all alcohol is consumed legally and responsibly.

#### **Event Promotion:**

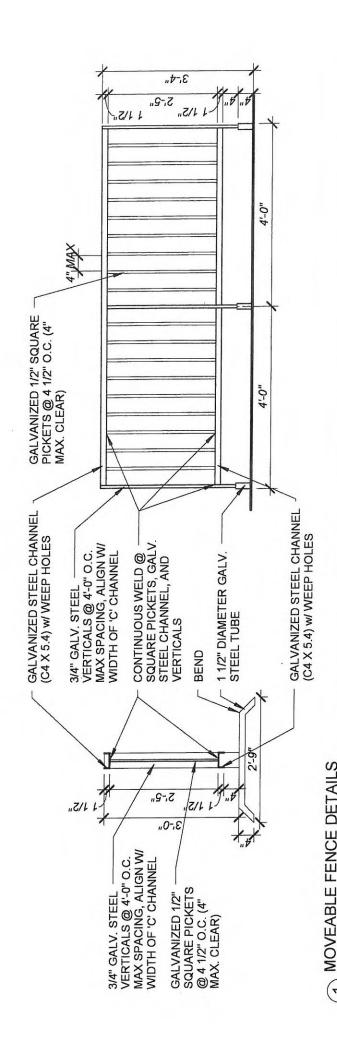
- Social media (Facebook, Twitter, Instagram)
- Print media coverage (Lincoln Journal Star, etc.)
- Radio coverage (interviews and on-air mentions of the event)
- Local calendars
- Promotion through our event partners
- Printed posters
- Cube advertisements

#### REQUEST FOR EXEMPTION FOR WAIVER OF DOUBLE FENCING RULE

(MUST BE SENT WITH APPLICATION A MINIMUM OF 30 DAYS PRIOR TO THE DATE OF THE EVENT)

WHY DOUBLE FENCING IS NOT AVAILABLE Permanent fencing is available and temporary fencing has been purchased.

TYPE OF FENCING TO BE USED See attachments	
HEIGHT OF FENCING TO BE USED See attachments	
HOW AREA WILL BE PATROLLED LPD & Private Security	
EXPECTED NUMBER OF ATTENDEES 2,000	
DIACDAM OF BRODOSED AREA.	
DIAGRAM OF PROPOSED AREA:	
See attachments	



Fencing



1/2" = 1'-0"

TRACTION DEVELOPMENT PARTNERS THE RAILYARD

CANOPY STREET & 'R' STREET LINCOLN, NE

Project No. 12-1500 Issue Date:

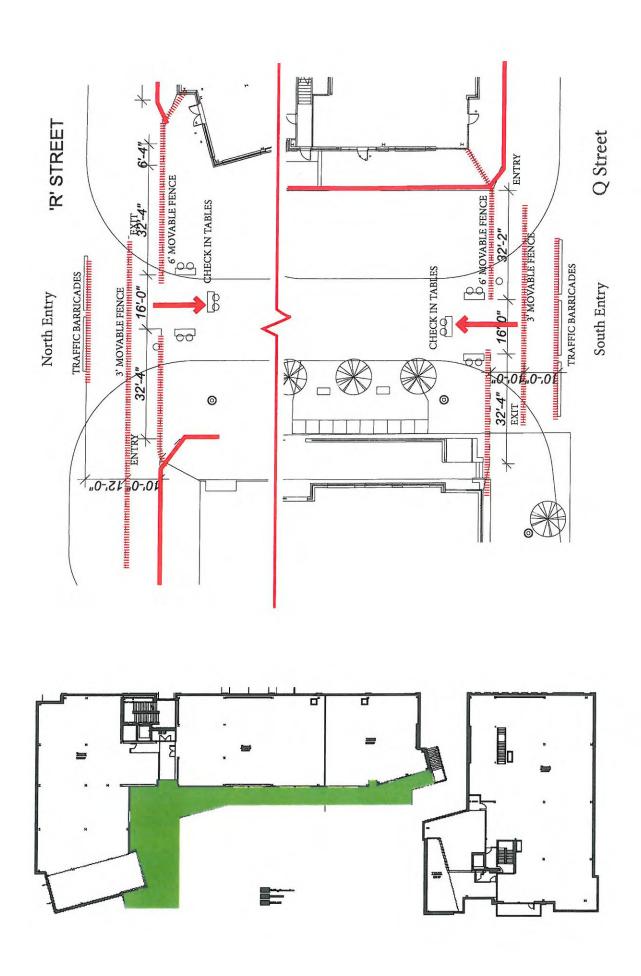
www.EncompassArch.com

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05/22/13

**APPLICATION** 







Lincoln-Lancaster County Health Department
Environmental Public Health Division – Air Quality Program
3140 N Street, Lincoln, NE 68510

This application is in accordance with Lincoln Municipal Code ch. 8.24 – Noise Control Ordinance. Section 8.24.150 grants the LLCHD authority to grant an initial variance from the Section 8.24.090 of the Noise Control Ordinance for a period not to exceed 15 days. Any person seeking an extension of the variance shall file an

### APPLICATION FOR INITIAL NOISE VARIANCE - SPECIAL EVENT

application with the LLCHD. The decision to grant or den the factors contained within Section 8.24.150 paragraph (	
Applicant Name: Railyard Entertainment, el	•
Applicant Address: 305/350 Canppy St	LINCOLA LE USSOS City State ZIP Code
Is this event planned to take place within the University of	Nebraska-Lincoln campuses?   Yes  No
Provide the physical address, or a description (including a 300-350 Canopy St (blue O	
	Entertainment District
Please describe the event or activity for which you are see See AHACHMAN  Date(s) for which a variance is being sought:  B / 9  Hours of day/night for which variances is being sought:	eking a variance: $ \begin{array}{cccccccccccccccccccccccccccccccccc$
PERMIT COI	(am or pm) (am or pm)
All reasonable efforts will be made to keep unnece stated by the applicant.     Amplification levels of all loudspeakers and amplif Additional special conditions:	ssary noise to a minimum during the period of time
******Failure to meet the above listed and subjects permittee to	

## **Applicant Certification**

I certify that, based on knowledge and belief formed after reasonable inquiry, the statements and information contained in this application is true/accurate, and complete.

Applicant Signature

07.08.14

#### **Enclosures**

In accordance with LMC Section 8.24.150 paragraph (a), a permit fee of \$100.00 is due with any noise variance application.

Please be sure to include payment with this application.

Electronic Funds Transfer Notification